



STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
BOARD OF EMPLOYEE ASSISTANCE PROFESSIONALS
404 JAMES ROBERTSON PARKWAY, SUITE 1606
NASHVILLE, TENNESSEE 37243-0657
(615) 741-2859

Continuing Education Hours or Professional Development Hours
Use One Sheet for Each Class, Workshop, Meeting, Conference or Seminar
(Form may be duplicated)

To: Board of Employee Assistance Professionals
Department of Labor and Workforce Development
404 James Robertson Parkway, Suite 1606
Nashville, TN 37243-0657

Name of Intern or License Holder _____

License Number _____ Social Security Number _____

Address _____

Subject Area(s) ☐ Work Organizations ☐ Human Resources Management
 ☐ EAP Policy Administration ☐ EAP Direct Services
 ☐ Chemical Dependency ☐ Personal and Psychological
 and Other Addictions Problems

Speaker _____

Sponsor _____

Location _____

Date(s) Attended _____

Clock Hours Completed _____

Program Summary _____

Copies of official attendance forms or other documents that include the number of continuing education hours or professional development hours earned must be attached for verification of attendance.

Intern/License Holder Date